

**JACK AND JILL COOPERATIVE NURSERY SCHOOL, INC.  
CHESTER, CONNECTICUT 06412**

**2009 – 2010 REGISTRATION**

(This form must be accompanied by a \$50 non-refundable registration fee)

Please enroll \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

In the following class:

- Tuesday/Thursday, 8:30 – 11:30 A.M.
- Tuesday/Wednesday/Thursday, 12:00 – 3:00 P.M

Mother's Name and Home Address \_\_\_\_\_

Employer and Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name and Home Address \_\_\_\_\_

Employer and Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Two Emergency Contact people your child can be released to in the event a parent cannot be reached:

#1 Name \_\_\_\_\_ #2 Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Relationship to child \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

In the event I cannot be reached, my child may be removed from school by 911 Emergency Personnel, a Nurse, School Staff Member or one of the contact people listed on this registration form; and he/she may be treated by a local physician or Emergency Room Personnel. I understand that every effort will be made to contact me, my spouse and/or my child's physician.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Child's Siblings and their Dates of Birth:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

A current health form is required with the September tuition payment.

Please use the other side to relay any additional information which might be useful to the staff to help them better understand your child. Please list all allergies and special fears.

How did you hear about Jack and Jill? \_\_\_\_\_